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ABSTRACT

A study was conducted to determine the effects of selected personal, work, and educational variables on student attitudes toward the nursing profession and the health care system. Specifically, the study sought to determine whether the variables of age, sex, race, marital status, licensed vocational nurse (LVN) status, the awarding of credit for the LVN license, other certificates and academic degrees, students' level in the nursing program, and amount/type of prior work experience affected students' perceptions of the need to reform educational and financial aspects of the health care system and their perceptions of the associate degree. Responses from 1,434 students attending 20 associate degree-granting institutions in southern California revealed that there were two distinct groups of students, "professional" and "technical," with separate views of the nursing profession and the health care system. Minority students and students with prior bedside nursing experience had less reformist attitudes, while students with prior baccalaureate degrees had less bedside experience and more reformist attitudes. Based on study findings and an analysis of the current structure of the nursing profession, it was concluded that the efficiency of short-term training and the quality of professionalism and advanced education could be combined in a more equitable system through an articulated educational sequence based on bedside care. (EJV)

The Community College Role in the Education of Professional Nurses

by,

Susan Rubini, R.N., Ph.D.

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A study of the socialization of nursing students in associate degree nursing programs revealed that there are two distinct groups of students with separate views of the nursing profession and the health care system. These data suggest that there is a split between professional and technical nursing. Examination of work, educational and demographic variables which effect the socialization of professional attitudes determined that the associate degree programs in nursing serve as a bridge towards career mobility and equity for minority students.

Purpose of the Study

The purpose of this study was to determine the effects of selected work and educational variables on student attitudes in associate degree nursing programs. Ten variables were tested: (1) age, (2) sex, (3) race, (4) marital status, (5) L.V.N. license, (6) whether credit was given for the L.V.N. license, (7) other health-care-related certificates, (8) prior academic degrees, (9) level in program and (10) amount and type of prior health-care-related work experience. Twenty associate degree schools participated in the study, both public and private, from several administrative jurisdictions. Subjects were 1434 respondents.

Background of the Problem

Increasing nursing professionalism is an important issue facing nursing educators today. The field of nursing is in the process of developing guidelines to define professionalism. As a result, there is an increasing emphasis placed on advanced education and academic mobility.

A position paper issued by the American Nurses' Association (1965) established two levels of education and training for nurses. It states that the professional practitioner is trained at the baccalaureate level in four year colleges and universities, while technical nurses are educated in two year community college programs or three year diploma programs. The American Nurses' Association had supported baccalaureate preparation as the sole prerequisite for entry into professional nursing practice by the year 1985, but this goal was not achieved because of opposition from other organizations.

Registered Nurses, those licensed by the State Board of Registered Nursing, have completed a minimum two year program, the majority in community college programs. They also may have completed three or four years of education, in diploma or baccalaureate programs. The clinical experience in nursing is extensive, and the scope of practice is autonomous but dependent on medical jurisdiction. These three types of programs are approved by the State Board of Registered Nursing.

Articulation and Associate Degree Programs

One major outcome of the American Nurses' Association's support of baccalaureate education for professional nursing was the development of articulation guidelines for nurses. The first step in this process was to develop a core curriculum which could be segmented to allow nursing students with prior education to receive academic credit towards advanced degrees. Proficiency or equivalency examinations enable the articulating student to complete a program in less time than students without prior nursing education. Articulation programs in nursing have been developed to provide advanced education for students who wish to improve their career status. The articulation process begins at the point where Licensed Vocational Nurses (L.V.N.'s) are granted academic credit to complete the A.A. program in less than two years.

All two-year associate degree programs are similar in that their graduates become eligible to take the state licensing examination for registered nurses. The programs differ in the length of time students with a prior license (L.V.N.'s) remain and the prerequisite education required of them. Academic credit for prior work varies from one semester to two semesters. Each associate degree program sets the criteria for articulating students. Some have a bridge program; usually one course, to help L.V.N.'s adjust to the expanded role of the associate degree nurse.

Associate degree programs prepare the greatest number of nurses for entry into professional practice. Although there has been a movement to split nursing at the baccalaureate level for entry into professional practice, there have been no conclusive studies that the associate degree programs are not training professional nurses. This study examined selected work and educational variables to determine their relationship to professional attitudes in associate degree nursing students.

Methodology of the Study

The study was conducted in Spring of 1987 with participation from twenty associate degree nursing schools in southern California participated in the study. The 1434 respondents comprised 60% of the total population. Work and educational variables were examined for their effect on the Healthcare Reformism scale and The Perception of Nursing scale. Two separate regression analyses were conducted.

The demographic variables reported by the students were (1) age, (2) sex, (3) race, (4) marital status, (5) L.V.N. license, (6) whether credit was given for the L.V.N. license, (7) other health-care-related certificates, (8) prior academic degrees, 9) level in program, (10) amount, and (11) type of prior health-care-related work experience. Frequencies of these variables for the total population as well as mean age and low/high age range are presented in Table 1.

Table 1

Frequencies and Demographics of the Total Population

(n = 1434)

Variables	n	mean age	s.d.	low/high age	% of total
Age	1434	28.8	7.3	18/60	100
Sex					
Female	1292	28.7	7.4	18/60	90
Male	141	29.8	6.2	20/50	10
Marital Status					
Single	653	24.8	4.7	18/53	45
Married	576	31.4	7.3	20/57	40
Div/Sep/Other	185	34.2	7.3	20/60	12
Race					
Black	162	30.2	7.4	18/54	11
Cauc.	906	29.2	7.2	18/60	63
Asian	137	26.7	7.4	18/52	9
Hispanic	180	26.6	6.5	19/58	13
Other	39	29.5	7.8	20/54	3
L.V.N. License					
no	1148	27.8	6.8	18/60	80
yes	286	32.7	8.0	19/56	20
L.V.N. Credit					
1 year	187	31.9	8.2	20/57	13
1.5 years	52	34.6	8.2	19/52	3
Other Certs					
None	805	29.0	7.5	18/57	56
Nurses Aide	467	28.0	7.0	18/57	32
Other	162	30.0	7.2	19/60	11
Semester					
One	357	28.5	8.0	18/60	24
Two	475	28.7	7.0	19/57	33
Three	257	29.0	7.1	20/54	17
Four	315	29.0	7.0	20/58	21
Prior Academic Degree					
None	763	28.1	7.3	18/57	53
A.A./A.S.	399	28.6	7.0	20/60	28
B.A./B.S.	110	32.0	6.9	21/57	7
M.A./M.S.	9	35.5	6.3	29/49	<1
Other	153	30.1	7.6	20/54	10

Table 1 - con't

Variables	n	mean age	s.d.	low/high age	% of total
Years Prior Healthcare Work Experience					
None	500	27.3	6.9	18/57	34
1-2 years	330	27.0	6.3	18/52	23
2-5 years	305	28.7	6.6	20/60	21
5-10 years	188	31.2	6.4	21/58	13
> 10 years	105	37.6	7.6	23/56	7
Type of Prior Work Experience					
None	452	27.5	7.0	18/54	31
Bedside	147	28.3	6.9	18/60	10
Assistant	192	26.8	6.4	19/57	13
L.V.N.	236	33.2	8.0	19/56	16
Other	383	28.6	6.5	19/58	27

Twenty-three percent of the students had a prior L.V.N. license. Sixteen percent of the L.V.N.s were receiving credit for their prior license. Ten percent of the students had bedside nursing experience, either as an assistant or as an L.V.N. Twenty-seven percent of the students reported having other health-care-related work experience such as respiratory therapist, veterinarian assistant or dental assistant.

Comparison of Students With and Without Prior L.V.N. License

It was assumed that associate degree students with a prior L.V.N. license would respond differently than those without prior licensure. L.V.N. license was included in the regression analysis when there was no significant bivariate relationship in the preliminary analysis of independent and dependent variables. Twenty percent of the study population had prior L.V.N. licenses. Table 2 presents a comparison of the demographic characteristics

and a description of the educational and work variables for the generic students and the students with a prior L.V.N. license.

Table 2

Comparison of Generic and Prior L.V.N. Students

(n = 1433)

	Prior L.V.N. License		Generic Students	
Variables	n	% of Total	n	% of Total
Sex				
Female	262	18.3	1030	71.9
Male	24	1.7	117	8.2
Marital Status				
Single	100	7.1	553	39.1
Married	126	9.0	450	32.0
Div./Sep./Other	51	3.6	134	9.5
Race				
Black	68	4.8	94	6.6
Caucasian	136	9.6	770	54.0
Asian	29	2.0	108	7.6
Hispanic	42	3.0	138	9.7
Other	10	>1%	29	2.0
Other Certificates				
None	175	12.2	630	44.0
Nursing Assistant	87	6.1	380	26.1
Other	24	1.8	138	9.6
Semester				
One	97	7.0	260	19.0
Two	85	6.1	390	27.8
Three	55	4.0	202	14.4
Four	42	3.0	273	19.4
Prior Degrees				
A.A./A.S.	96	6.7	303	21.1
B.A./B.S.	16	1.1	94	6.6
M.A./M.S.	2	<1%	7	<1
Other	32	2.2	121	8.4
None	140	9.8	623	43.4
Years Wrk. Exp.				
None	21	1.5	479	33.4
1-2 Years	55	3.8	275	19.1
2-5 Years	77	5.4	228	16.0
5-10 Years	74	5.2	114	8.0
<10 Years	57	4.0	48	3.4

Multiple Regression Analysis

Two regression analyses were conducted, the first analysis was on the reformism scale. The reformism scale measured the extent to which respondents believed the health system should be reformed; specifically changing the training and education of health professionals, and changing the access to and the cost of health care. Race, prior degree, age and type of work experience made significant contributions to the variance on the reformism scale. The second regression analysis was on the nursing scale. Program, race and prior certificate made significant contributions to the variance on the nursing scale.

Tables 3 and 4 present the results of the multiple regression analyses.

Table 3

Multiple Regression Analysis of Independent Variables on the Reformism Scale (n = 1344)

Variables	regression coefficient	t	p
Program			
2	-.03	-.57	.56
3	-.05	-.36	.71
4	.08	-.61	.54
5	-.16	.89	.37
6	.17	-1.30	.19
7	.17	1.69	.09
8	-.07	-.76	.44
9	-.001	-.02	.98

Table 3 con't

Multiple Regression Analysis of Independent Variables on the Reformism Scale (n = 1344)

Variables	regression coefficient	t	p
Program			
10	-.01	-.23	.81
11	-.07	-.72	.46
12	.16	1.40	.16
13	-.02	-.18	.85
14	-.02	-.32	.74
15	.10	1.23	.21
16	-.01	-.12	.90
17	.12	1.64	.09
18	-.01	-.19	.84
19	.06	1.39	.16
Marital Status			
Married	-.04	-1.03	.29
Other	-.02	-.79	.42
Race			
Black	-.21	-4.42	.0001 **
Asian	-.22	-5.26	.0001 **
Hispanic	-.13	-3.32	.0009 **
Other	-.04	-.56	.57
Prior Degree			
AA/AS	.01	.43	.66
BA/BS	.11	2.48	.01 **
MA/MS	.11	.73	.46
Other	.08	2.12	.03 *
Semester	.02	1.87	.06
Age	.01	4.76	.0001 ** a.
L.V.N.	-.05	.87	.38
Years Prior Work Exp	.003	.30	.76
Type Prior Work Exp			
Bedside Nurse	-.11	-2.44	.01 **
LVN	-.04	-1.13	.25
Assistant	-.10	-1.58	.11
Other	.01	.27	.78

Multiple R squared = .1341
F ratio = 5.706 (df 37,1363)

* Significant at <.05 level
** Significant at <.01 level

a. Age variable was computed to increase reformism .09 per 10 yrs.

Table 4

Multiple Regression Analysis of the Independent Variables on the Perception of Nursing Scale (n = 1344)

Variables	Regression Coefficient	t	p
Program			
2	-.01	-.12	.90
3	-.00	-.06	.94
4	.05	.39	.69
5	-.11	-.84	.40
6	-.16	-.82	.40
7	-.56	-3.6	.0003 **
8	.11	.81	.41
9	-.06	-.59	.55
10	-.17	-1.3	.16
11	.01	.07	.94
12	-.01	-.08	.93
13	-.02	-.16	.86
14	-.09	-.68	.50
15	-.20	-1.5	.12
16	-.12	-.96	.33
17	-.25	-2.1	.03 *
18	-.19	-1.2	.22
19	-.05	-.43	.66
20	-.08	-.75	.44
Sex			
Male	-.08	-1.3	.16
Race			
Black	.05	.77	.43
Asian	-.15	-2.3	.01 **
Hispanic	.03	.63	.52
Other	.11	1.0	.29
Prior Certificate			
Nursing Assistant	.01	.23	.81
Other	-.19	-3.10	.002 **
L.V.N.	-.04	-.84	.39

* Significant at < .05 level
** Significant at < .01 level

Conclusions of the Findings

The study concluded that minority students and students with prior bedside nursing experience had lower attitudes of reformism and that students with prior baccalaureate degrees had higher attitudes of reformism. It was also concluded that students' perception of the nursing profession is negatively influenced by 'other' prior health care certificates and Asian racial background. Analysis of the demographic characteristics of programs 7 and 17 yielded no explanation for their variance. Since 20 different programs participated in this study, both public and private schools from several administrative jurisdictions, the generalization that there were no significant differences between schools seems to be a reasonable conclusion.

The finding that there are two distinct groups of students with different attitudes implies that there is a split between professional and technical nursing. The following section provides an overview of the structure of the nursing field and the educational policy implications for articulation and inclusion of a clinical focus in advanced level training.

Implications of the Study

This study, and other relevant studies in the area of nursing socialization, suggest a disjunction between positive professional development and the realities of nursing work. They also suggest that students differ in their desire to practice with an associate degree education in nursing when variables such as racial

background, prior baccalaureate degree and prior bedside nursing experience are examined. The impact of these findings on associate degree programs is crucial if an articulated system is to provide equity in opportunity for all students. The finding that there are two distinct groups of students with different attitudes implies that there should be a split between professional and technical nursing. The educational policy implications of providing different educational routes within the same field underlie the data presented.

The findings suggest that there are two distinct occupations within the field of nursing. The primary labor sector, that of the 'professional' nurse is entered through advanced education and grants professional nurses status through greater career mobility and higher pay. The professional nurse has substantial managerial tasks such as the development of patient care plans and collaborative practice with other health care providers such as physicians and pharmacists. The secondary labor market in nursing, the 'technical' level, is entered with less education. Although bedside nursing experience and a knowledge of the basic skills to provide bedside care are needed, their more limited training minimizes mobility and restricts status opportunity for these personnel.

The need for education and training at two separate levels in nursing has urgent short-term implications. The recurrent nursing shortage is in substantial part due to the emphasis upon professional nursing education which has eliminated much of basic short-term training, usually hospital-based, which served to

provide a nursing labor force of personnel trained primarily to cater to patient needs at the bedside. Although there is a movement to increase the overall educational qualifications of nurses with the goal of increasing professionalism and quality of care, there has been increasing resistance on the part of nurses to work at the bedside as they receive advanced preparation and attain greater career mobility. If training stops at the 'technical' level, we have a nursing workforce of handmaidens limited in managerial capacity, yet if training is only at the 'professional' level, we are training an army of generals increasingly disinterested in direct patient care services.

The reality that a primary and secondary labor market co-exist within the same field, and that there are two distinct groups of students with different attitudes towards the system in associate degree programs appears to mandate a tracking system where those students who do not aspire to obtain baccalaureate or higher degrees are prepared to take secondary labor market jobs to provide bedside nursing care. Another group of students, especially those with prior baccalaureate degrees and those who are older and aspire to reform the system, may require educational programs which give them the level of training, i.e., the baccalaureate or masters' degree in nursing, to increase their career scope and status. This more extensive training prepares them to provide the managerial components of patient care and the clinical expertise to parallel efforts of physicians and other specialized health care professionals.

Several issues remain unsolved and create a crisis in the provision of patient care which is safe and is also equitable to all who choose nursing for a career. Although the articulated system of nursing education allows a nurse to enter the field at the lowest level, that of the L.V.N., and progress to the higher levels of nursing practice at the baccalaureate or masters' level, the concept of the 'career ladder' has negative implications because as nurses increase their education, a negative attitude towards basic bedside care appears to emerge. This is probably developed with the liberal arts component of the baccalaureate curriculum, perhaps because programs based in institutions of higher education may have a socializing effect on students leading them away from task-related jobs to careers that are more conceptual or theoretical.

The finding that racial background, specifically in the case of minority students, related significantly to positive perceptions of the nursing field and a lower desire to reform the system might be interpreted to imply that these students should be encouraged to pursue their nursing education at the 'technical' level. However if educational programs are to be equitable for all students, splitting the nursing field at the associate degree level and starting 'professional' education only at the baccalaureate level introduces a bias against the minority students who have positive attitudes towards 'technical' or secondary labor market jobs.

Research has shown that associate degree nurses can practice nursing at a level which is professional; they function widely as

licensed Registered Nurses and make up the majority of the nursing workforce. Although there has been a movement to professionalize at the baccalaureate level, it is illogical to eliminate the programs which train the greatest number of nurses in a field which is suffering from a severe personnel shortage. In addition, there is the advantage of associate degree nursing education that these students usually have more clinical experience than is available in baccalaureate programs, and hence are immediately able to meet the bedside nursing requirements.

There are similarities between associate degree students and vocational students, i.e. those in one year programs of training, in their attitudes of reformism and their perceptions of the nursing field. Further examination of the curriculum of these programs may be indicated to determine if the programs are so similar both in type of student and curriculum, that these programs could be combined to train one level of bedside nurse.

Prior bedside nursing experience, regardless of the time spent at the bedside, is associated with a reduced desire to reform the current system of health care. This implies that some prior bedside experience should be recommended for nursing students if one outcome of training is to prepare nurses who have a positive perception of patient care.

The students with prior baccalaureate degrees in this study had the least amount of previous bedside experience and this may be related to their negative attitude toward bedside care. It is suggested that all nurses should be required to have some bedside experience throughout all levels of their educational preparation.

The efficiency of short-term training and the quality of professionalism and advanced education could be combined in a more equitable system by an articulated educational sequence based on bedside care. The career ladder in nursing should focus on clinical practice, starting with bedside nursing experience at the lowest level (through on-the-job training or short-term hospital-based programs), and progressing to the most advanced clinician, the masters' prepared practitioner or the Doctor of Science in Nursing.

With increasing professionalism there is a need to reconcile the desire to reform the health care system and the need for job satisfaction. In order to develop positive perceptions of their future occupation, advanced nursing students must feel that their education will give them the knowledge and opportunity to make changes in the system, and not merely serve as a stimulus for dissatisfaction with their career choice. Perhaps masters' prepared clinicians should be the point of entry into professional nursing practice. Premature entry into professional practice, i.e. at the baccalaureate level, may only serve to increase the frustrations which have plagued the highest level of the nursing occupation: that of holding high expectations for system reform, but not being fully accepted as autonomous professionals with the authority to initiate such reforms. Professional nurses need to be able to interact with physicians and pharmacists and other health care professionals and they must have the skills and authority to allow them actual autonomy in practice. Masters' level nursing clinicians with expertise and patient assessment

skills can develop the leadership potential and a working knowledge of how the health care system works. Many masters' nursing programs now offer a curricular component of instructional design and teaching, and a managerial component for the skills to work in a matrix hospital system. These nurses not only have the greatest clinical knowledge to enhance the care of high-risk patients, but also the necessary skills and knowledge to train other nursing personnel at the bedside. Masters' prepared nurses with a positive attitude towards bedside care, acquired through actual bedside experience, may use their advanced clinical expertise to train lower level personnel while functioning in their professional roles.

In summary, this exploratory study sought to assess the influence of selected work and educational variables on nursing students' attitudes toward nursing. The findings revealed two separate group of students — each with different attitudes towards nursing and the health care system. The educational policy implications of this dichotomy led to a recommendation of an articulated structure of the nursing field which might balance the needs for equity, status and efficiency goals. Nursing training that begins with bedside experience offers not only the positive socializing effect of such exposure but also provides greater efficiency of training. All levels of nursing training should be articulated in order to provide greater equity in career mobility. In order to achieve higher levels of status attainment professional nurses should be prepared at the masters' level, but that level must also require sufficient clinical expertise to

advance quality of patient care. Nurses at the masters' level must have the skills, attitudes and knowledge to serve as exemplary role models for on-the-job training of nurses at lower levels of the profession.

The role of the community college programs is to provide access to advanced professional status. A second role is to train the greatest number of nurses available for bedside work. The community college graduate can articulate to a baccalaureate program and bring to professional training the component of bedside experience shown to have a positive relationship to the perception of nursing.

Referances:

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